

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/586 385**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		3		3		
5		4		4		
6		5		5		
7		6		6		
8		7		7		
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17		16		16		
18		17		17		
19		18		18		
20		19		19		
21		20		20		
22		21		21		
23		22		22		
24		23		23		
25		24		24		
26	1		1			
27		1		1		
28		2		2		
29		3		3		
30		4		4		
31	1					
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50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	28	←		←
TOTAL CLAIMS			31			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						